



Below is a permission slip saying that you would like your child to be included in the Kid Kredential's database, and have their ID created. Please take the time out to fill out the pertinent physical information needed to produce this card. Return this form by 05/04/04.

Childs Name: \_\_\_\_\_

Childs Nickname if applicable: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

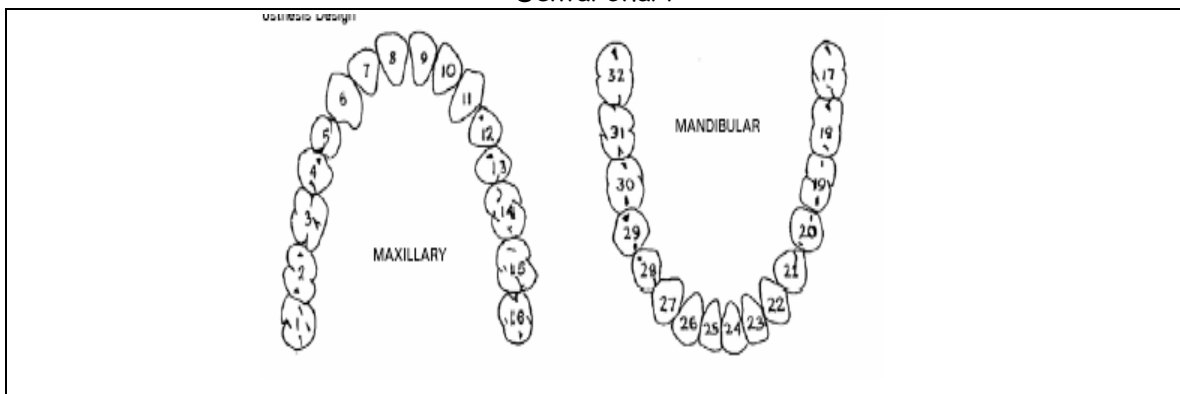
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### Child Physical Information

Height	Weight	Eye Color	Hair Color	Does your child wear braces:
Allergies*	Medications*	Birth Marks	Blood Type	Other:

\*If you answer yes to Allergies and Medications please list all that apply

#### Dental Chart



Please list by number any teeth that your child may be missing: \_\_\_\_\_

Parent(s)/Guardian(s) Name (print): \_\_\_\_\_

Parents Signature: \_\_\_\_\_

If available please attach a current photo of your child.